

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Warren Tinch  
#248-719  
P. O. Box 56  
Lebanon 04250-036

C1-01-162, Docs 21822

## 2. Article Number

(Transfer from service label)

7001 2510 0008 6347 9160

## COMPLETE THIS SECTION ON DELIVERY

File 09/25/2003

Page 1 of 1

## A. Signature

X *[Signature]*

Agent  
 Addressee

## B. Received by (Printed Name)

*B. L. D.*

## C. Date of Delivery

*9/26/03*

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, August 2001

*SSB*

Domestic Return Receipt

102595-01-M-2509